

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10/009094

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	(1)					
4	(1)					
5	/					
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7	(1)					
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TOTAL IND.	5					
TOTAL DEP.	16					
TOTAL CLAIMS	21					

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TOTAL DEP.				
TOTAL CLAIMS				